

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 141

Registered No. 387

1. PLACE OF BIRTH

County Vila State Arizona

District or Township _____ or Village _____

City Miami No. Main - Inspiration Hospital St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Betty Jo Bassett { If child is not yet named, make supplemental report, as directed.

3. Sex of Child female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? yes 6. Date of birth Dec 9 1925 Month Day Year

8. FATHER Full name Walter Hayden Bassett 14. MOTHER Full maiden name Mildred Thelma Harrison

9. Residence (Usual place of abode) Miami, Arizona 15. Residence (Usual place of abode) Miami, Arizona If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 22 (Years) 16. Color or race White 17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Buffard 18. Birthplace (city or place) Los Angeles (State or country) Arizona (State or country) California

13. Occupation Timberman 19. Occupation Housewife Nature of industry Copper mine Nature of industry _____

20. Number of children of this mother _____ (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12:20 P. m. on the date above stated (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature J. J. Miller (Physician or midwife): M.D.

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filed Dec 12, 1925 Registrar C. E. J. J.

223-1209-485